

SPONSOR REVIEW REPORT SUMMER FOOD SERVICE PROGRAM

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DATE OF REVIEW	AGREEMENT NUMBER	NAME AND MAILING ADDRESS OF SPONSOR (Include Zip Code)
NAMES/TITLES OF PERSONS		TELEPHONE NUMBER
NAMES OF REVIEWER(S)		
Total sites reviewed for this sponsor: Urban _____ Rural: _____		Initial year this sponsor entered the SFSP: _____

100. SPONSOR PROFILE

101. Period of Operation: Beginning Date: _____ Ending Date: _____

102. Number of Sites: Rural: _____ Urban: _____ TOTAL: _____ 0

103. Type of Sponsor: ☐ SFA ☐ RES. CAMP ☐ NYSP ☐ GOVERNMENT ENTITY
☐ PRIVATE NONPROFIT ORG. OTHER THAN SFA OR RES. CAMP

104. Number of Sites by Type:

Open _____	Enrolled _____	Migrant _____
Restricted Open _____	Camp _____	NYSP _____

105. Type of Food Service - # Sites Each Type:

Vended: _____ Self Prep on Site: _____ Self Prep Satellite: _____

106. Estimated average daily attendance (all sites combined).

Breakfast: _____ Lunch: _____ Supper: _____

A.M. Supplement: _____ P.M. Supplement: _____

200. TRAINING

YES NO NA

☐ ☐ ☐

201. Does the sponsor have documentation of training including topics, dates and names of personnel who attended?

☐ ☐ ☐

202. Does the documentation show that all site personnel were trained before they undertook site responsibilities?

300. SPONSOR☐ ☐ ☐

301. Were all required visits conducted and documented? Review records and complete the chart below.

	#	Problems Identified With Monitoring System and/or Documentation
# of Sites		
# of Pre Op Visits		
# of 1st Week Visits		
# of Four Week Reviews		

☐ ☐ ☐

302. Has the sponsor taken corrective action on problems identified by monitors? (If no problems were identified, mark NA.)

400. FOOD SERVICE

YES NO NA

☐ ☐ ☐

401. Review records of meal preparation and ordering, such as menus, production records, and/or delivery receipts, for a minimum of 5 serving days prior to the day of the review. Does the sponsor maintain adequate records of meal preparation and ordering? If NO, record number and type of meals which are not supported by adequate records:

Type of Meal	Date(s)	# Meals Recorded

☐ ☐ ☐

402. Do the sponsor's records of meal preparation and ordering show that meals contained all components and that serving sizes of measurable, documented food items met meal pattern requirements. If NO, record deficiencies described below.

Type of Meal	# Meals Recorded	Missing or Inadequate Component (Describe Fully)

☐ ☐ ☐

403. FOR SPONSORS WITH SELF-PREPARATION SITES AND VENDED SITES WITH MILK PURCHASED SEPARATELY: Review the milk purchase receipts and documentation of recycled milk. Does your review confirm the purchase or recycling of 8 oz. of milk for each reimbursable meal or snack containing milk recorded to date? If NO, record the number of servings of milk purchased and the number of meals/snacks containing milk reported to date below, if sponsor serves meals to children aged 1 and 2, see instructions.

# of Servings Milk Purchased + # Servings Recycled (A)	# Meals and Snacks Containing Milk Recorded to Date (B)	Difference (A - B) (C)
		0

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404. FOR SPONSORS WITH VENDED SITES: Do the delivery receipts for vended meals support the meal count records for sites serving vended meals? If NO, record deficiencies below:

Meal Type (A)	# Meals Delivered (B)	# Meals Recorded (C)	Difference (D)
BREAKFAST			0
LUNCH/SUPPER			0
SUPPLEMENT			0

405. Describe the procedure used to adjust the number of meals ordered (for vended sites) or prepared (for self prep and self prep satellite sites) each day.

☐ ☐ ☐

406. Is the adjustment procedure adequate to meet the objective of serving only one meal to each child at each meal service?

YES NO NA

☐ ☐ ☐ 407. Has the sponsor adjusted the number of meals ordered or prepared during the operation of the program?

500. MEAL COUNT RECORDS

☐ ☐ ☐ 501. Do the sponsor's records show a consolidated count totaling daily meals served, at all sites, for all meal types?

502. If question 501 is answered YES, do the consolidated counts include:

☐ ☐ ☐ (a) First meals served to children?

☐ ☐ ☐ (b) Second meals served to children?

☐ ☐ ☐ (c) Meals served to program adults?

☐ ☐ ☐ (d) Meals served to non-program adults?

☐ ☐ ☐ (e) Excess meals not served?

☐ ☐ ☐ (f) Other non-reimbursable meals?

☐ ☐ ☐ 503. Does the sponsor have meal count reports from individual sites?

☐ ☐ ☐ 504. Do the meal counts show a different number of meals claimed each day?

☐ ☐ ☐ 505. Are all meals claimed authorized by meal type for each site? If NO, record site name, type of unauthorized meal, and number of meals recorded to date below:

Site Name	Unauthorized Type Meals Recorded To Date			
	Breakfast	Lunches	Suppers	AMPM Supp

☐ ☐ ☐ 506. Do the daily meal counts match the sponsor's meal count records? If NO, record discrepancies below:

OF COUNTS VERIFIED: _____ # WHICH DO NOT MATCH SITE REPORTS: _____

☐ ☐ ☐ 507. Is the sponsor's consolidated meal count accurate?

600A. OPERATING AND ADMINISTRATIVE COSTS

Do the sponsor's operating and administrative cost receipts and documentation adequately support:

☐ ☐ ☐ 601A. Food Costs

☐ ☐ ☐ 602A. Employee time and salaries/wages attributable to the operation of the Program

☐ ☐ ☐ 603A. Non-food cost items

☐ ☐ ☐ 604A. Employee time and salaries/wages attributable to the administration of the Program

☐ ☐ ☐ 605A. Other approved administrative costs

☐ ☐ ☐ 606A. Utility costs and the method used for pro-rating them

☐ ☐ ☐ 607A. Are all claimed administrative costs allowable costs?

608A. What is the current approved administrative budget? _____

600B. SIMPLIFIED SUMMER FOOD PROGRAM

☐ ☐ ☐ 600B. Do documented costs reflect a nonprofit food service?

700. INCOME TO THE PROGRAM

☐ ☐ ☐ 701. Does the sponsor receive income to the Program? If YES, indicate the source from which the funds are obtained.

YES NO NA

- ☐ ☐ ☐ 702. Does the sponsor collect money for meals from program adults? If YES, amount per meal: \$ _____
- ☐ ☐ ☐ 703. Does the sponsor collect money for meals from non-program adults? If YES, amount per meal: \$ _____
- ☐ ☐ ☐ 704. If non-program adults are served but not charged, is the cost of their meals excluded from program costs?

800. CLAIM VALIDATION

- ☐ ☐ ☐ 801. Has a claim for reimbursement been submitted? If YES, complete the Claim Consolidation Worksheet (FNS-19-1A).
- ☐ ☐ ☐ 802. If a sponsor received income to the program was it accounted for correctly?

900. FOOD SERVICE MANAGEMENT COMPANIES (FSMC)

SECTION 900 IS NOT APPLICABLE. SPONSOR HAS ONLY SELF PREPARATION SITES.

- ☐ ☐ ☐ 901. Type(s) of FSMC:
- ☐ **COMMERCIAL FSMC:**
☐ Registered
 ☐ Not Registered
- ☐ SFA
 ☐ Commercial FSMC with an exclusive contract with an SFA
 ☐ Other Public Entity (Specify): _____
- ☐ ☐ ☐ 902. Are unitized meals provided?
- ☐ ☐ ☐ 903. Does the price per meal include delivery?

QUESTIONS 904 THROUGH 906 SHOULD BE ANSWERED IF THE SA OR ROAP DOES NOT REVIEW ALL FSMC CONTRACTS AS PART OF THE APPLICATION/AGREEMENT APPROVAL PROCESS.

- ☐ ☐ ☐ 904. Based on your review, does the contract contain all regulatory requirements?
- ☐ ☐ ☐ 905. Based on your review, were the contracting procedures followed in accordance with regulatory and OMB circular requirements?
- ☐ ☐ ☐ 906. For commercial FSMC contracts, has a performance bond been provided by the FSMC?

1000. SELF-PREPARATION SPONSORS

SECTION 1000 IS NOT APPLICABLE. SPONSOR HAS ONLY VENDED SITES.

- ☐ ☐ ☐ 1001. Do inventory records show the kinds, quantities and value of food items on hand at the beginning and end of program operations?
- ☐ ☐ ☐ 1002. Does the sponsor receive USDA commodities?
- ☐ ☐ ☐ 1003. If YES, are records maintained that show the receipt of these commodities?

1100. ELIGIBILITY

- ☐ ☐ ☐ 1101. Are all sites which the sponsor is operating approved sites? If NO, record unapproved site(s) and number of meals recorded for these sites by meal type:

Unapproved Site Name or #	Meals Recorded to Date			
	Breakfast	Lunches	Suppers	AMPM Supp

- ☐ ☐ ☐ CHECK BOX AND OMIT Q. 1102 - 1103 IF INFORMATION WILL BE REVIEWED AT STATE AGENCY OR IF THIS REVIEW IS IN A ROAP STATE

- ☐ ☐ ☐ 1102. Does the sponsor provide ongoing year round activities for children or families?

YES NO NA**FOR OPEN, RESTRICTED OPEN AND MIGRANT**

- ☐ ☐ ☐ 1103. Does the sponsor have the required documentation to establish the eligibility of each site?

FOR ENROLLED SITES:

- ☐ ☐ ☐ 1104. Review the documentation for site eligibility. This should include either a list from the SFA showing that at least 50% of enrolled children are eligible for free/reduced price school meals or income eligibility applications from enrolled children. Is the documentation adequate? If not, record errors noted on the Worksheet for Incorrectly Approved Applications (FNS-19-1B).
- ☐ ☐ ☐ 1105. Does the sponsor have current signed income eligibility forms with family size and income data or documentation from the SFA to substantiate that 50 percent of enrolled children at each enrolled site are eligible for free or reduced price school meals? If NO, list sites with inadequate documentation below:

Site Name or #	Total Enrolled	Total Elig. for Free/Reduced Price Meals	Meals Recorded to Date			
			Breakfast	Lunches	Suppers	AM/PM Supp

FOR CAMPS:

1106. Complete the following chart:

Dates of Sessions	Total Enrolled Children	Total Apps on File	Total of Eligible Children		Problems Noted With Applications
			Sponsor	Reviewer	

1200. AUDITS

- ☐ ☐ ☐ 1201. Has the sponsor met the audit requirements described in Section 225.10(a) of the SFSP regulations?
- ☐ ☐ ☐ 1202. If the answer to 1201 was YES, were any auditor's recommendations related to the SFSP implemented?
1203. If the answer to 1202 was NO, describe any SFSP - related recommendations which were not implemented in Q. 1500.
1204. If the sponsor has not obtained the required audit, what arrangements have been made to meet this requirement?

1300. HEALTH INSPECTIONS

- ☐ ☐ ☐ 1301. Does the sponsor have documentation verifying that the local health department was notified of the locations and dates of operation of its sites?
- ☐ ☐ ☐ 1302. Has the local Health Department inspected any of the sponsor's sites?
- ☐ ☐ ☐ 1303. If 1302 is answered YES, were any violations reported?
- ☐ ☐ ☐ 1304. If 1303 is answered YES, has the sponsor completed and documented corrective action?
- ☐ ☐ ☐ 1305. If the answer to 1304 is NO, describe any required or recommended corrective action which has not been implemented in Q. 1500.

1400. CIVIL RIGHTS**YES NO NA**

- ☐ ☐ ☐ 1401. Is the current "... And Justice For All" or FNS - approved poster on display?
- ☐ ☐ ☐ 1402. Does the sponsor have the capability of providing informational material in the appropriate translation concerning the availability and nutritional benefits of the Program?
- ☐ ☐ ☐ 1403. Does the sponsor provide a nondiscrimination statement and a procedure for filing a complaint on information concerning the program and program activities?
- ☐ ☐ ☐ 1404. Has a public announcement been made stating that admission is open to all regardless of age, sex, disability, race, color, or national origin?
1405. In Q. 1500, give date(s) when media were used and attach copies of any brochures, new articles, bulletins, etc. (If copies are not available, give date(s) and describe media used.)
- ☐ ☐ ☐ 1406. Has the sponsor collected beneficiary data by racial/ethnic category for each site?
- ☐ ☐ ☐ 1407. Does the sponsor maintain this data on file for the required three (3) years?
- ☐ ☐ ☐ 1408. Are there any requirements or procedures which restrict or deny enrollment on the basis of race, color, sex, age, disability or national origin? If YES, explain in Q. 1500.
- ☐ ☐ ☐ 1409. In the opinion of the reviewer based on information obtained by personal observation, does the sponsor appear to be in compliance with Title VI of the Civil Rights Act of 1964? If NO, indicate areas of noncompliance and recommendations for corrective action and followup in Q. 1500.

1500. SUMMARY

Summarize in detail all findings and recommendations for corrective action to be taken by the sponsor in the operation of the Summer Food Service Program for Children. Use continuation page if necessary.

OPERATIONAL WEAKNESSES	RECOMMENDATIONS FOR CORRECTIVE ACTION

Signature Statement: All comments were discussed between the reviewer(s) and the sponsor representative.

DATE	FNS REVIEWER
DATE	STATE REVIEWER
DATE	SPONSOR

1500. SUMMARY OF FINDINGS (CONTINUED)**OPERATIONAL WEAKNESSES****RECOMMENDATIONS FOR CORRECTIVE ACTION**

U. S DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE
CLAIM CONSOLIDATION WORKSHEET

SPONSOR	CLAIM PERIOD
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SECTION 1 - MEALS

	1st Meals Verified for Claim Period (A)	2nd Meals Verified for Claim Period (B)	2nd Meals Limitation (C = 2% of (A)) (C)	Allowable 2nd Meals (= Lesser of (B) or (C)) (D)	Max. Allowable Total Meals (= (A) + (D)) (E)	Total Meals Claimed) (F)	Difference (= (F) - (E)) (G)
BREAKFAST							
LUNCH							
SUPPLEMENT							
SUPPER							

SECTION 2 - COSTS

	Reported for Review Period (A)	Verified and Allowable for Review Period (B)	Difference A - B (+/->) (C)
OPERATING : FOOD			0
LABOR			0
OTHER			0
ADMINISTRATIVE			0
TOTAL			0

SECTION 3 - SIMPLIFIED SUMMER FOOD COSTS

	Reported for Review Period (A)	Verified and Allowable for Review Period (B)	Difference A - B (+/->) (C)
TOTAL			0

INSTRUCTIONS

SECTION 1 - MEALS

- (A) - (B). Use source documentation (meal counts from each site) to verify the total number of eligible 1st and 2nd meals of each meal type served for the claim period.
- (C). Multiply the verified 1st meals recorded in (A) by .02. Round DOWN to the next whole number.
- (D). Enter the SMALLER of column (B) or (C).
- (E). Total columns (A) and (D) for each meal type.
- (F). Enter the number of meals claimed by the sponsor.
- (G). Subtract column (E) from column (F) to determine the number of meals underclaimed or overclaimed.

SECTION 2 - COSTS

- (A). Enter the amount of the costs in each category claimed for reimbursement by the sponsor.
- (B). Verify the costs for each category which are supported by the receipts and documentation as described below. Enter the verified total for each category of costs.

FOOD COSTS - For vended programs, the invoice from the Food Service Management Company must match the signed delivery receipts from the sites. For self-preparation operations, invoices/receipts must be available to document all food costs. The total of the invoices/receipts must equal or exceed the sponsor's reported food costs.

OPERATING LABOR COSTS - Compute using employee payroll records and time sheets. The hourly wage of each employee working on the food service and charged to the SFSP must be multiplied by the hours expended on the SFSP. Records must support actual labor costs. Describe any problems in documentation.

NON-FOOD COSTS - Total invoices or receipts for any non-food costs claimed. There should be documentation which allows the distinction of non-food costs from food costs. Trash bags, paper cups, etc., may be claimed as non-food costs. The total of the invoices/receipts must equal or exceed the sponsor's reported non-food costs.

ADMINISTRATIVE COSTS - Are those associated with the planning, organizing, and administration of the Program. Review and verify costs on invoices and documents which are used to substantiate administrative costs claimed. When only a portion of the cost will be charged to the SFSP (such as utility or telephone bills), the invoice must be clearly marked to identify SFSP costs. If a percentage is used, it should be a reasonable amount for the size of the sponsor's Program. Administrative labor costs are calculated like operating costs (hours times salary) for each person performing administrative duties for the SFSP.

- (C). Calculate any difference between reported and verified, allowable claim costs for the claiming period.

NOTE: If your review of operating and administrative cost receipts indicates that costs were under-reported and the sponsor is being paid on costs rather than rates, the sponsor may wish to submit an amended claim.

SECTION 3 - COSTS

SIMPLIFIED SUMMER FOOD PROGRAM ONLY - Documentation that all costs claimed were necessary and reasonable. When only a portion of the costs are attributable to the SFSP, the invoice must be clearly marked to identify SFSP costs.

INSTRUCTIONS FOR SPONSOR REVIEW FORM

The purpose of the sponsor review is to determine whether a sponsor is managing the program properly and whether the sponsor's financial systems will generate a valid claim for reimbursement. If any records are unavailable, a detailed explanation should be provided on the review form. The items in the information block and the sponsor profile can be completed at the administering agency office. All the information from the sponsor approval process should be verified by the reviewer in the course of the sponsor review.

100. SPONSOR PROFILE

For private non-profit organization sponsors, classify type of sponsor as follows: for private non-profit SFAs, mark SFA; for private non-profit organizations operating ONLY residential camp sites, mark Res. camp; otherwise, mark private Non-profit other than SFA or Res. Camp. Note for Q. 106: Private non-profit sponsors other than SFAs and Residential Camps are limited to a maximum of 2500 meals at any single meal service.

200. TRAINING

As a cross check, the names of site personnel can be compared to the names of the personnel who attended training and the dates of the training sessions.

300. SPONSOR MONITORING

A sponsor is required to visit and review sites, and to maintain records of such monitoring. A review of this area should indicate how well the sponsor's monitors are performing, as well as how problems at the sites are being handled. If the sponsor is not keeping written reports, indicate that and discuss the sponsor's system of identifying and correcting problems.

400. FOOD SERVICE

401 - 402. Sponsors are required to maintain accurate records which justify all costs and meals claimed. Determine if the sponsor has maintained adequate records to support the meal services recorded. If the sponsor has maintained records of meal preparation and ordering, such as menus, production records, delivery receipts, evaluate the records to see if meals met requirements. If meals which do not meet requirements are identified, describe the deficiency noted and list the type of meal and the number of deficient meals served at all affected sites for the sponsor.

403. Using milk receipts and invoices and records of recycled milk, determine the number of half pints of milk purchased, including beginning inventory. Compare this number to the number of meals plus supplements containing milk recorded to date for all self-preparation sites and vended sites for which milk is purchased separately from the unitized meal. If the number of half pints of milk purchased is less than the number of meals and supplements containing milk which have been claimed or recorded, answer NO and record the number of meals in excess of milk purchased/recycled. For sites which served meals to children aged 1 - 2, who require only 6 oz. of milk per serving, determine the number of meals served to children aged 1 - 2, adjust the total quantity of milk required to be purchased accordingly. If the quantity of milk required to be purchased/recycled cannot be determined, explain in Q. 1500.

404. Compare vended meal delivery receipts to meal count records to determine if the receipts support the meal count records. For large sponsors (over 10 sites) you may compare receipts for a sample of 10 sites. If the number of vended meals recorded as served is greater than the number on the delivery receipts, record the discrepancies.

405 - 406. The sponsor should have a method established for determining the probable level of attendance at each site each day and adjusting the number of meals ordered or prepared to reflect expected variations in attendance. Indicate whether the daily meal adjustment procedure is adequate to allow the sponsor to order or prepare meals with the objective of serving only one meal to each child at each meal service. Review the records of meals prepared or ordered to determine if the sponsor has adjusted the number of meals to reflect changes in attendance during program operations.

500. MEAL COUNT RECORDS

501 - 504. The sponsor's records must contain meal counts which can be compared to records of meal preparation and ordering. If the sponsor does not have the type which have been reported, answer NA.

506 - 507. Indicate whether the site daily meal count reports match the sponsor's meal count record. Compare a minimum of 5 randomly chosen site reports to the sponsor records to make this determination. Answer NO if any of the site reports differ from the sponsor record. Enter the number of site records checked and the number which did not match the sponsor records. Verify that the consolidated totals for each category are summed accurately from the recorded site totals.

600. OPERATING AND ADMINISTRATIVE COSTS

Describe any problems in documentation in Q. 1500. If the sponsor does not claim the type of cost listed, mark NA.

601. For vended programs, the invoice from the FSMC must match the delivery receipts from the sites. For self-preparation programs, invoices/receipts must be available to document all food costs.

602. Operating labor costs charged to the SFSP must be supported by employee payroll records and time sheets.

603. Documentation must distinguish non-food costs from food costs.

604 - 606. The sponsor must maintain documents to substantiate administrative costs charged to the SFSP. When only a portion of the cost is charged to the SFSP (such as utility or telephone bills), the invoice must be clearly marked to identify SFSP costs. If a percentage is used, it should be a reasonable amount for the size of the sponsor's Program.

607. Indicate whether or not all claimed administrative costs are allowable and may be claimed for reimbursement.

608. Enter the administrative budget approved by the State agency (usually contained in the Sponsor's application).

700. INCOME TO THE PROGRAM

701. If the sponsor receives income to the Program, the source should be clearly identified. The most common sources are interest earned on start-up or advance funds, cash donations from benevolent organizations or government agencies, or sale of meals.
- 702 - 703. Indicate if money is collected for meals served to program and/or non-program adults. A program adult is any adult staff who prepares or serves meals, supervises children at mealtime, or performs cleanup after the meal service. If adults are served and charged for either program or non-program adults, answer YES to the appropriate question and fill in the amount charged per meal.
704. If no money is collected for meals served to non-program adults, the cost of these meals may not be charged as a cost to the program. If money is collected for meals served to non-program adults, the charge must be at least equal to the cost of the meal. If money is collected for meals served to non-program adults, it must be recorded as income to the program, and the costs of the meals for which the money is collected may be charged as a cost to the program.

800. CLAIM VALIDATION

801. If YES, obtain a copy of the claim and complete the Claim Consolidation Worksheet (FNS-19-1A) in accordance with the worksheet instructions.
802. Determine if income has been accounted for in accordance with program regulations. If the sponsor does not receive income to the program, mark NA.

900. FOOD SERVICE MANAGEMENT COMPANIES (FSMC)

Complete this section only if a sponsor buys vended meals. If all the sponsor's sites are self preparation sites as defined in Section 225.2 of the SFSP regulations, check the box to indicate that the section is Not Applicable.

1000. SELF-PREPARATION SPONSORS

Complete this section only if sponsor operates self-preparation sites as defined in Section 225.2 of the SFSP regulation. If all the sponsor's sites receive vended meals, check the box to indicate that the section is Not Applicable.

1100. ELIGIBILITY

1101. Determine if all sites which the sponsor operates or is scheduled to operate are approved on the sponsor's application. If NO, record name of unapproved sites and number of meals recorded for these sites to date.
- 1102 - 1103. If this information will be verified through the administering agency or if this is a review in a state with a Regional Office Administered Program, check the box to indicate that these questions are Not Applicable.
1104. Review documentation for enrolled sites to determine: (1) whether the SFA documented that a least 50% of children are eligible for free/reduced price school meals; or (2) whether the sponsor correctly approved income eligibility applications. If the eligibility of enrolled sites is properly documented, answer the question YES. If site eligibility is not properly documented, answer this question NO. Record errors identified on the Worksheet for Incorrectly Approved Applications (FNS-19-1B).

Applications may be approved on the basis of household size and income or the family's eligibility to receive benefits from the Food Stamp Program, Food Distribution Program or Indian Reservation (FDPIR) or State program funded through Temporary Assistance for Needy Families (TANF). An application basing the child's eligibility on household size and income must contain: (1) names of all children for whom application is made; (2) names of all household members; (3) social security number of the head of household or primary wage earner if the adult household member does not possess one; (4) household income received by each household member identified by source of income (such as earnings, wages, welfare, pensions, support payments, unemployment compensation, and social security); and (5) the signature of an adult member of the household.

An application for a child who is eligible for Food Stamps, FDPIR, or TANF benefits requires the following information: (1) the name(s) of the children; (2) appropriate case numbers; and (3) the signature of an adult member of the household.

1105. Determine if each enrolled site has documentation to support its eligibility. Documentation must consist of a list from the SFA or signed income eligibility applications showing that at least 50% of enrolled children are eligible for free/reduced price school meals. Compare the number of enrolled children to the number of income eligible children. For each site where the percentage is less than 50%, record the site name or number, the number of correctly approved applications on file or the number of eligible children documented by the SFA, and the number and type of meals served to date.

1106. If the sponsor has camp sites, fill in the table. To calculate reimbursement, camps must provide a count of eligible (needy) children. Camps with more than one camping session must provide the number of eligible children for each session.

1200 AUDITS

The reviewer should indicate any special contractual relationships which exist between the audit firm and the sponsor. If the follow-up has not been completed, indicate the major areas of deficiency, the recommendations, and the sponsor's response in Q. 1500.

1300 HEALTH INSPECTIONS

If the state/local Health Department has not visited any of the sponsor's sites, answer NA to 1303 - 1305. Explain any uncorrected problems or violations in Q. 1500.

1400 CIVIL RIGHTS

For camps with multiple sessions, beneficiary data should be collected for each session. For Q. 1407, if the sponsor is new to the program this year, mark NA. If the sponsor has been in the program for only one or two years and has data on file for each of these years, mark YES.

1500 SUMMARY

Fully describe any required corrective actions or recommendations for improvements in the operation of the sponsor's program. Note applicable question numbers when describing problems. Both the reviewer(s) and the sponsor's representative should sign the review form. All information and comments should be completed before the sponsor signs.